

**TOWN OF HAVERHILL
OCCUPATIONAL LICENSE APPLICATION**

NAME OF APPLICANT _____

ADDRESS OF PROPERTY FROM WHICH THE HOME OCCUPATION WILL BE CONDUCTED _____

PHONE NUMBER _____ FAX NUMBER _____

TYPE OF HOME OCCUPATION TO BE CONDUCTED FROM THIS ADDRESS _____

NAMES OF FAMILY MEMBERS WORKING AT THIS HOME OCCUPATION _____

PROPERTY OWNER _____ PHONE _____

PROPERTY OWNER'S ADDRESS _____

I hereby certify that the information given in this application is true and correct and that I agree to comply with standards set forth by the Town of Haverhill and to comply with the conditions imposed by the Town to insure compliance with such standards. I acknowledge that a departure therefrom may result in a suspension or termination of the occupational license. I acknowledge that the Town shall have the right to reasonably inspect the premises upon which this home occupation is conducted to insure compliance with the attached standards and conditions, and to investigate complaints, if any, from neighbors.

SIGNATURE OF APPLICANT

DATE

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OFFICE USE ONLY:

APPROVED BY _____ DATE _____

LICENSE AMOUNT _____ DATE PAID _____ PAID BY CHECK # _____ OR CASH